



Missouri Pharmacy Program – Preferred Drug List



Amylin Analogs
Effective 07/05/2007
Revised 07/03/2008

Preferred Agents

- Symlin[®] Vial
- Symlin[®] Pen

Non-Preferred Agents

Approval Criteria	Denial Criteria
Documented insulin therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030.